

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER N089063	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/29/2016
NAME OF FACILITY ATRIA HEARTHSTONE EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3415 SW 6TH AVENUE TOPEKA, KS 66606	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0135	Correction	ID Prefix S3028	Correction	ID Prefix S3101	Correction
Reg. # 26-39-103 (h)	Completed	Reg. # 26-41-101 (f) (3)	Completed	Reg. # 26-41-202 (h)	Completed
LSC	09/29/2016	LSC	09/29/2016	LSC	09/29/2016
ID Prefix S3155	Correction	ID Prefix S3165	Correction	ID Prefix S3171	Correction
Reg. # 26-41-204 (a)	Completed	Reg. # 26-41-204 (d)	Completed	Reg. # 26-41-204 (i)	Completed
LSC	09/29/2016	LSC	09/29/2016	LSC	09/29/2016
ID Prefix S3261	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 26-41-105 (f) (11)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/29/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/9/2016
 ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 ☐ YES ☐ NO